FORM IV

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

Non-Clinical Supervision Plan

(for the requirements towards the specialty recognitions of
Independent Practice Recognition or LMSW-AP)

Supervisee Last Name: _____ First Name: _____ Middle Name: _____

Please refer to the law and rules governing social work practice for all information related to licensure. The law and rules are available on the board's website at: http://www.dshs.state.tx.us/socialwork/.

Overview of some important supervision requirements:

- Supervisory sessions may be in one-on-one sessions or in a combination of individual and group sessions. There can be no more than six individuals in a supervision group.
- There shall be:
  (i) no fewer than four hours of supervision each calendar month;
  (ii) no fewer than two supervisory sessions each calendar month;
  (iii) each supervisory session shall be face-to-face and at least one hour in duration (unless there is prior approval by the board for a variation);
  (iv) no more than 10 hours of supervision during an calendar month.
- A calendar month is creditable *only if* the supervision began no later than the first work day of the month and ended no sooner than the last calendar day of the month.

Important information about forms:

- Submission of a Non-Clinical Supervision Plan (Form IV) does not ensure acceptance of the plan by the board. Acceptance is verified by a letter mailed to the supervisee at the mailing address on file with the board.
- A separate Non-Clinical Supervision Plan (Form IV) *must be submitted* to the board for approval for *each location of practice*. Similarly, upon completion of supervision, a separate Non-Clinical Supervision Verification (Form VI) must be submitted for each board-approved Non-Clinical Supervision Plan (Form IV) in effect. Combining all locations of practice into one Non-Clinical Supervision Plan (Form IV) or Verification (Form VI) is *not* acceptable to the board.
- Submission of a Non-Clinical Supervision Verification (Form VI) does *not* ensure that the board will accept the verification of supervised experience *as submitted*. The Verification (Form VI) must be submitted *within 30 days* of completion of the supervision and must meet all criteria required by the board.
- A new Non-Clinical Supervision Plan (Form IV) must be submitted for approval when *any change occurs* in the conditions of supervision as approved by the board in the original, approved Non-Clinical Supervision Plan (Form IV) (such as who the supervisor is, number of hours worked, location of practice, etc.). This must be submitted *within 30 days* of the change, as must a Verification (Form VI) for the experience accrued under the original, approved Non-Clinical Supervision Plan (Form IV).
- If the board approves the Plan (Form IV), the supervisee will receive a written confirmation in the mail. If a written confirmation is not received, then the plan is not approved.

I. Supervisee Information

Name: _____ License Category and Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Is supervision related to the clients from this business? ☐ Yes ☐ No

Work schedule: ☐ Full time (30hrs/wk) or more ☐ Part time (Hours per week _____)

II. Board-approved Supervisor Information

This plan reflects only a change in supervisor: ☐ Yes ☐ No

Name: _____ License Category and Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Are you a board-approved supervisor? ☐ Yes ☐ No

III. Professional Experience to be supervised: Supervision Type:

☐ Licensed Master Social Worker-Advanced Practitioner (LMSW-AP)

☐ Licensed Master Social Worker/Licensed Baccalaureate Social Worker (LMSW/LBSW) for Independent Practice Recognition

IV. Supervision Schedule

Beginning Date of Supervision: _____ **(Supervision may begin up to 30 days before the plan is submitted for approval. If approval is not granted, no creditable experience can be granted.)**

Supervision Format: ☐ Individual ☐ Group ☐ Combination

Supervision Sessions per Month: _____ Hours Individual + _____ Hours Group = _____ Total Hours/Month

IV. Supervision Process

Describe the supervisee's work setting(s):

_____

Describe the clients served:

_____

_____

Describe the supervisee's duties and responsibilities including treatment methods utilized:

_____

_____

Formulate four goals for the supervision:

1. _____
2. _____
3. _____
4. _____

Methods of supervision to be used:

_____

_____

V. Attachments to Include with Supervision Plan

☐ Job Description
☐ If supervision of agency-based clients is done outside the agency setting, a letter from the agency supervisor or administrator approving the supervision must be attached.

VI. Comments

VII. Affidavit of Understanding and Signatures

I hereby certify that I have received and reviewed a copy of regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

Supervisee Signature _____ Date _____
Supervisee Name Printed _____

Supervisor Signature _____ Date _____
Supervisor Name Printed _____

Submit to: **Texas State Board of Social Worker Examiners, P.O. Box 149347, Mail Code 1982 Austin, Texas 78714-9347**

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